

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

ADDRESS (number and street) 5910 Mineral Point Rd, PO Box 747  
Mail Stop 5910 4 A2  
 Check if different than previously reported. (ACC)  
Madison WI 53701-0747

2. **FEC IDENTIFICATION NUMBER** C00402107  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)  
**CITY** **STATE** **ZIP CODE**

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christopher P. Roe

Signature of Treasurer Electronically Filed by Christopher P. Roe Date 01 28 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		15613.75
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	23336.22									
(c) Total Receipts (from Line 19) .....	12600.00	21527.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	35936.22	37140.75								
7. Total Disbursements (from Line 31) .....	7725.00	8929.53								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	28211.22	28211.22								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12280.00	20667.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	320.00	860.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	12600.00	21527.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	12600.00	21527.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	12600.00	21527.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12600.00	21527.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	954.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	954.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	7725.00	7975.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7725.00	8929.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7725.00	8929.53

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	12600.00	21527.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12600.00	21527.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	954.53
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	954.53

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Larry H. Blanchard		Date of Receipt MM / DD / YYYY 12 / 31 / 2007		
	Mailing Address 3001 Waunona Way		<b>Transaction ID:</b> SA11AI.4360		
	City Madison	State WI	Zip Code 53713	Amount of Each Receipt this Period 480.00	
	FEC ID number of contributing federal political committee. <b>C</b>		\$40/biweekly		
Name of Employer CUNA Mutual Insurance Society		Occupation SVP, Corp & Legis Aff			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 960.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael T. Defnet		Date of Receipt MM / DD / YYYY 12 / 31 / 2007		
	Mailing Address 8315 Flagstone Drive		<b>Transaction ID:</b> SA11AI.4353		
	City Madison	State WI	Zip Code 53719	Amount of Each Receipt this Period 600.00	
	FEC ID number of contributing federal political committee. <b>C</b>		\$50/biweekly		
Name of Employer CUNA Mutual Insurance Society		Occupation SVP, Distribution Support			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) David J. Griffiths		Date of Receipt MM / DD / YYYY 12 / 31 / 2007		
	Mailing Address 39W308 Baert Lane		<b>Transaction ID:</b> SA11AI.4352		
	City St. Charles	State IL	Zip Code 60175	Amount of Each Receipt this Period 420.00	
	FEC ID number of contributing federal political committee. <b>C</b>		\$35/biweekly		
Name of Employer CUNA Mutual Insurance Society		Occupation VP, Sales			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 840.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 18</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary E. Hoffmann		Date of Receipt
	Mailing Address 7439 Meadow Valley Rd		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Middleton	WI	53562
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4361
Name of Employer Members Capital Advisors		Occupation VP, Finance & Opns	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="240.00"/>
		<input type="text" value="480.00"/>	\$20/biweekly

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey D. Holley		Date of Receipt
	Mailing Address 810 Hidden Cave Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Madison	WI	53717
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4418
Name of Employer CUNA Mutual Insurance Soc- iety		Occupation EVP and CFO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	Check

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan K. Johnson Sweitzer		Date of Receipt
	Mailing Address 4209 Waban Hill		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Madison	WI	53711
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4412
Name of Employer CUNA Mutual Insurance Soc- iety		Occupation VP, National Sales Leader	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="120.00"/>
		<input type="text" value="360.00"/>	\$40/July & \$40/August

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1360.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) William J. Jolicoeur, III		Date of Receipt
	Mailing Address 43 Hawk Feather Cir		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Madison	WI	53717
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.4349
Name of Employer CUNA Mutual Insurance Society		Occupation VP, Individ. P&C Products	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 396.00
		<input type="text"/> 792.00	\$33/biweekly

<b>B.</b>	Full Name (Last, First, Middle Initial) Reid A. Koenig		Date of Receipt
	Mailing Address 1611 12th St NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Waverly	IA	50677
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.4362
Name of Employer CUNA Mutual Life Insurance Co.		Occupation VP, Customer Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 180.00
		<input type="text"/> 360.00	\$15/biweekly

<b>C.</b>	Full Name (Last, First, Middle Initial) Randy P. Kohout		Date of Receipt
	Mailing Address 5588 Polo Ridge		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Westport	WI	53597
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.4371
Name of Employer CUNA Mutual Insurance Society		Occupation VP, Organizational Capability	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 240.00
		<input type="text"/> 480.00	\$20/biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 816.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 18  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

**A.**

Full Name (Last, First, Middle Initial)  
Kevin T. Lentz

Mailing Address 1023 Carib Court

City State Zip Code  
Verona WI 53593

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
CUNA Mutual Insurance Soc- SVP, Member Products  
ety

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt M M / D D / Y Y Y Y Y  
12 / 31 / 2007

**Transaction ID:** SA11AI.4363

Amount of Each Receipt this Period 600.00

\$50/biweekly

**B.**

Full Name (Last, First, Middle Initial)  
David P. Marks

Mailing Address 11 Richmond Road

City State Zip Code  
West Hartford CT 06117

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Members Capital Advisors EVP & Chief Investment Off.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y Y  
12 / 31 / 2007

**Transaction ID:** SA11AI.4415

Amount of Each Receipt this Period 1000.00

Check

**C.**

Full Name (Last, First, Middle Initial)  
John L. McWilliams

Mailing Address 9719 Sandhill Road

City State Zip Code  
Middleton WI 53562

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
CUNA Mutual Insurance Soc- SVP, Human Resources  
ety

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1008.00

Date of Receipt M M / D D / Y Y Y Y Y  
12 / 31 / 2007

**Transaction ID:** SA11AI.4372

Amount of Each Receipt this Period 504.00

\$42/biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... 2104.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)**

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas J. Merfeld	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 3088 Edenberry St.	<b>Transaction ID:</b> SA11AI.4359
	City State Zip Code Fitchburg WI 53711	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$30/biweekly
Name of Employer CUNA Mutual Insurance Society	Occupation Chief Risk Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Andrew J. Michie	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 1453 Starr Grass Dr	<b>Transaction ID:</b> SA11AI.4368
	City State Zip Code Madison WI 53719	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$20/biweekly
Name of Employer CUNA Mutual Insurance Society	Occupation VP, Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Molly M. Nelson	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 2820 Osmundsen Rd	<b>Transaction ID:</b> SA11AI.4369
	City State Zip Code Fitchburg WI 53711	Amount of Each Receipt this Period 480.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$40/biweekly
Name of Employer Members Capital Advisors	Occupation Chief Compliance Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1080.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Faye A. Patzner	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 4629 Signature Dr.	<b>Transaction ID:</b> SA11AI.4355
	City Middleton State WI Zip Code 53562	Amount of Each Receipt this Period 420.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$35/biweekly
Name of Employer CUNA Mutual Insurance Society	Occupation Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeff H. Post	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 2933 Windswept Way	<b>Transaction ID:</b> SA11AI.4416
	City Verona State WI Zip Code 53593	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Check
Name of Employer CUNA Mutual Insurance Society	Occupation President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Christopher P. Roe	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 2 Hawk Feather Cir	<b>Transaction ID:</b> SA11AI.4370
	City Madison State WI Zip Code 53717	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50/biweekly
Name of Employer CUNA Mutual Insurance Society	Occupation VP, Special Projects	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3020.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

**A.** Full Name (Last, First, Middle Initial)  
Robert K. Rusch

Mailing Address 1424 Willow Trail

City Middleton State WI Zip Code 53562

FEC ID number of contributing federal political committee. **C**

Name of Employer CUNA Mutual Insurance Society Occupation VP & Assoc. General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2007

Transaction ID: SA11AI.4351

Amount of Each Receipt this Period 300.00

\$25/biweekly

**B.** Full Name (Last, First, Middle Initial)  
Robert J. Schaffer, III

Mailing Address 4523 Shooting Star

City Middleton State WI Zip Code 53562

FEC ID number of contributing federal political committee. **C**

Name of Employer CUNA Mutual Insurance Society Occupation VP, Cust Ops Ctr, Madison Site Ldr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 12 / 31 / 2007

Transaction ID: SA11AI.4375

Amount of Each Receipt this Period 360.00

\$30/biweekly

**C.** Full Name (Last, First, Middle Initial)  
David L. Sweitzer

Mailing Address 4209 Waban Hill

City Madison State WI Zip Code 53711

FEC ID number of contributing federal political committee. **C**

Name of Employer CUNA Mutual Insurance Society Occupation VP, Select Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2007

Transaction ID: SA11AI.4356

Amount of Each Receipt this Period 300.00

\$25/biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **960.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Delania K. Truly		Date of Receipt
	Mailing Address 521 Sunset Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Hurst	TX	76054
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.4364
Name of Employer CUNA Mutual Insurance Society		Occupation VP, South Region	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 600.00
		<input type="text"/> 1200.00	\$50/biweekly

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert J. Tuszynski		Date of Receipt
	Mailing Address 5795 Auburn Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Madison	WI	53711
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.4367
Name of Employer Members Capital Advisors		Occupation VP, Product Manager, Mbrs Mutual Funds	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 240.00
		<input type="text"/> 480.00	\$20/biweekly

<b>C.</b>	Full Name (Last, First, Middle Initial) Eric W. Verseman		Date of Receipt
	Mailing Address 7510 New Washburn Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Madison	WI	53719
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.4365
Name of Employer CUNA Mutual Insurance Society		Occupation VP, Corp Compliance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 120.00
		<input type="text"/> 240.00	\$10/biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 960.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 18	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Gary E. Young		Date of Receipt	
	Mailing Address 9 Horizon Drive		M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4354
	Saratoga Springs	NY	12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	480.00
	Name of Employer CUNA Mutual Insurance Society		Occupation VP, Sales	\$40/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	960.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	480.00
<b>TOTAL</b> This Period (last page this line number only) .....	12280.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) ACLI PAC	Transaction ID: SB23.4404 Date of Disbursement 10 / 30 / 2007
	Mailing Address 101 Constitution Ave., NW Suite 700	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement PAC Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AIA Federal PAC	Transaction ID: SB23.4405 Date of Disbursement 11 / 13 / 2007
	Mailing Address 1130 Connecticut Ave., NW Suite 1000	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement PAC Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BARNEY FRANK FOR CONGRESS COMMITTEE	Transaction ID: SB23.4419 Date of Disbursement 07 / 13 / 2007
	Mailing Address PO Box 260	Amount of Each Disbursement this Period 1000.00
	City Newtonville State MA Zip Code 02460	
	Purpose of Disbursement \$1000/Fundraiser Breakfast	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) <b>DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b>	<b>Transaction ID: SB23.4402</b>
	Mailing Address 430 South Capitol Street SE 2nd Floor	Date of Disbursement 09 / 27 / 2007
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Fundraiser	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>Federation of Iowa Insurers PAC</b>	<b>Transaction ID: SB23.4398</b>
	Mailing Address 700 Walnut St. Suite 1600	Date of Disbursement 08 / 03 / 2007
	City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Fundraiser	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>GRASSLEY COMMITTEE INC</b>	<b>Transaction ID: SB23.4406</b>
	Mailing Address PO BOX 1000	Date of Disbursement 11 / 15 / 2007
	City DES MOINES State IA Zip Code 50304	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) KENNY MARCHANT FOR CONGRESS	Transaction ID: SB23.4410 Date of Disbursement 11 / 29 / 2007
	Mailing Address PO BOX 110187	Amount of Each Disbursement this Period 500.00
	City CARROLLTON State TX Zip Code 75011	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NAMIC PAC	Transaction ID: SB23.4408 Date of Disbursement 11 / 26 / 2007
	Mailing Address 3601 Vincennes Road PO Box 68700	Amount of Each Disbursement this Period 500.00
	City Indianapolis State IN Zip Code 46268	
	Purpose of Disbursement PAC Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION OF FEDERAL CREDIT UNIONS POLITICAL ACTION COMMITTEE	Transaction ID: SB23.4399 Date of Disbursement 08 / 20 / 2007
	Mailing Address 3138 North 10th Street	Amount of Each Disbursement this Period 50.00
	City Arlington State VA Zip Code 22201	
	Purpose of Disbursement Breakfast Fundraiser Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) <b>NATIONAL ASSOCIATION OF FEDERAL CREDIT UNIONS POLITICAL ACTION COMMITTEE</b> Mailing Address 3138 North 10th Street City Arlington State VA Zip Code 22201 Purpose of Disbursement NAFCU/PAC Social Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4401 Date of Disbursement 08 / 21 / 2007 Amount of Each Disbursement this Period 75.00
B.	Full Name (Last, First, Middle Initial) <b>PENNSYLVANIANS FOR KANJORSKI</b> Mailing Address 103 South Hanover Street City Nanticoke State PA Zip Code 18634 Purpose of Disbursement Fundraiser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4396 Date of Disbursement 07 / 13 / 2007 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) <b>TAMMY BALDWIN FOR CONGRESS</b> Mailing Address P.O. Box 696 City Madison State WI Zip Code 53701 Purpose of Disbursement Fundraiser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4394 Date of Disbursement 08 / 03 / 2007 Amount of Each Disbursement this Period 100.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1175.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>7725.00</b>